

State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
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ELIZABETH CONNOLLY
Acting Commissioner

VALERIE HARR Director

KIM GUADAGNO Lt. Governor

CHRIS CHRISTIE

Governor

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES

A.B.

PETITIONER.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 03840-15

V.

DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES AND
ESSEX COUNTY BOARD OF
SOCIAL SERVICES.

RESPONDENTS.

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this matter, consisting of the Initial Decision, the documents in evidence and the entire contents of the OAL case file. Procedurally, the time period for the Agency Head to file a Final Agency Decision is June 18, 2015, in accordance with N.J.S.A. 52:14B-10, which requires an Agency Head to adopt, reject or modify the Initial

Decision within 45 days of the agency's receipt. The Initial Decision was received on May 4, 2015.

The only issue presented here is whether Petitioner provided the necessary verification for Essex County to make an eligibility determination. The credible evidence in the record indicates that Petitioner failed to provide Essex County with the information needed to establish eligibility prior to the November 25, 2014 denial. Without this information, Essex County was unable to complete its eligibility determination and the denial was appropriate.

THEREFORE, it is on this //aff day of JUNE 2015,

ORDERED:

That the Initial Decision is hereby ADOPTED. Petitioner's Medicaid application was properly denied for failure to provide necessary verification.

Valerie J. Harr, Director Division of Medical Assistance

and Health Services